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DEPARTMENT OF THE TREASURY
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS
APPLICATION FOR AND CERTIFICATION/EXEMPTION OF
LABEL/BOTTLE APPROVAL

(See Instructions and Paperwork Reduction Act Notice on Back)

1004

PART I - APPLICATION

1. VENDOR CODE (Required) 2. SERIAL NUMBER (Required)

01008898-97-3

3. BRAND NAME (Required)
G.P. Gay Pride

4. CLASS AND TYPE (Required) (Includes wine varietal designation, if applicable)
English Style Pale Ale

5. FANCIPUL NAME (If any)
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6. PLANT REGISTRY/BASIC PERMIT NO./BREWER'S NO. (Required)
BR-NH-NHC1

7. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT OR BREWER'S NOTICE (Required)
NEW Hampshire Custom Brewers
150 Franklin ST. Hillsborough County
Manchester, New Hampshire 03101

7a. MAILING ADDRESS, IF DIFFERENT
-

8. FORMULA NO. (If any) 9. LAB. NO./DATE 10. NET CONTENTS 11. PHONE NUMBER 16. TYPE OF APPLICATION (Check applicable box)

- - 12Fl oz (603) 624-0695

12. AGE (Distilled Spirits) 13. ALCOHOL CONTENT 14. VINTAGE (Wine products only, if stated on label) 15. FAX NUMBER

- - - (603) 624-0714

16. TYPE OF APPLICATION (Check applicable box)
a. CERTIFICATE OF LABEL APPROVAL
b. CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL "For sale in _____ only" (Fill in State abbreviation)
c. DISTINCTIVE LIQUOR BOTTLE APPROVAL TOTAL BOTTLE CAPACITY BEFORE CLOSURE (Fill in amount)

17. SHOW ANY WORDING (a) APPEARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g., caps, corks, etc.) OTHER THAN THE LABELS AFFIXED BELOW, OR (b) EMBOSSED ON THE CONTAINER. THIS WORDING MUST BE NOTED HERE EVEN IF IT DUPLICATES PORTIONS OF THE LABELS AFFIXED BELOW. ALSO, PROVIDE TRANSLATIONS OF FOREIGN LANGUAGE TEXT APPEARING ON LABELS.
CAP, J. LEWIS PRESENTS GP GAYPRIDE PREMIUM BREWS

PART II - APPLICANT'S CERTIFICATION

Under the penalties of perjury, I declare: that all statements appearing on this application are true and correct to the best of my knowledge and belief; and, that the representations on the labels attached to this form, including supplemental documents, truly and correctly represent the content of the containers to which these labels will be applied. I also certify that I have read, understood and complied with the conditions and instructions which appear on the reverse of an original ATF F 5100.31, Certificate/Exemption of Label/Bottle Approval.

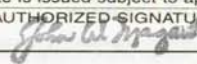
18. DATE OF APPLICATION 19. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT 20. TYPE NAME OF APPLICANT OR AUTHORIZED AGENT

1/22/99 Jennifer M. Wolper JENNIFER M. WOLPER

PART III - ATF CERTIFICATE

This certificate is issued subject to applicable laws, regulations and conditions as set forth on the back of this form.

21. DATE ISSUED 22. AUTHORIZED SIGNATURE, BUREAU OF ALCOHOL, TOBACCO AND FIREARMS

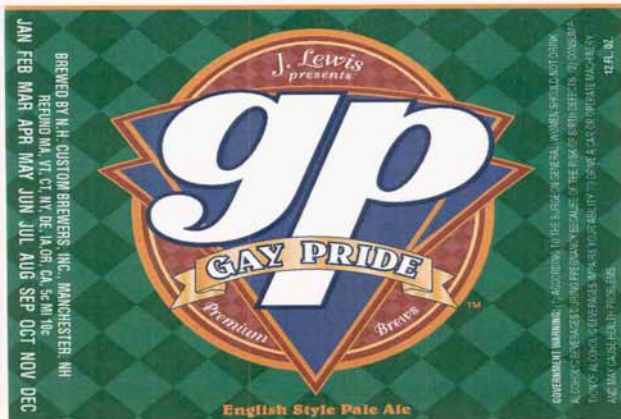
MAR 01 1999 

FOR ATF USE ONLY

QUALIFICATIONS

EXPIRATION DATE (If any)

AFFIX COMPLETE SET OF LABELS BELOW



CAP.

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